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May 28, 2003

BIRCH STEWART KOLASCH & BIRCH
PO BOX 747
FALLS CHURCH, VA 22040-0747
US

Dear Sir/Madam,

This is to Deny your refund request in the amount of \$144.00, for patent/serial number 10086852.

The filing fee fo this application is \$1758.00. The basic filing fee is \$740.00, The fee for the 41 extra dependent claims is \$738.00 and \$280.00 for multiple claims.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ola Simms", is written over the printed name.

OLA SIMMS
Technical Center 1700
Refund Section, Office of Finance